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THESES AT THE PARISIAN CONCOURS.

[See page 90.]

ARGUMENTATIONS ON THE THESIS OF M. VELPEAU, BY MM. LISFRANC AND BERARD.

Remarks of M. Lisfranc and Replies of M. Velpeau.

M. LISFRANC.—In page 91 of your thesis, speaking of the doctrines of M. Fleurens, and the manner in which compression of the brain is produced, not merely by the presence of a certain quantity of fluid in the cavity of the skull, but by the indirect influence of the osseous case, reacting on the extraneous body, you say that M. Serres (*Ann. des Hopit.*, t. 1, p. 250) has omitted to take this peculiarity into account, and hence concluded that fluids effused within the skull were incapable of producing compression, and that the trepan, in this respect, was almost useless. I think you have here fallen into an error, and attributed to M. Serres ideas which he never had. M. Serres was perfectly acquainted with the influence of the osseous skull in giving rise to compression, for he always took the precaution of closing the orifice by which he introduced the fluid, and thus placing, as far as was possible, the skull in its natural condition.

M. VELPEAU.—The observations and experiments of Serres all tend to prove that the effects of effusion into the cavity of the skull are not dangerous, and that a considerable quantity of blood may be shed between the membranes, without causing any derangement or trouble in the functions worth noticing. He attributes many of the symptoms of compression to alterations of the cerebral substance, and neglects altogether to take into consideration the reaction of the skull on the effused matter.

M. LISFRANC (*Interrupting*).—But I say yes; for why did he close up the opening which he made into the skull, if it were not for that object?

M. VELPEAU.—Serres closed the opening merely to prevent the issue of the fluid which he injected, not to represent the integrity of the skull, for he nowhere speaks of the resistance offered by the bones as the principal determining cause of compression. Had he done so, he would have agreed with other writers, and it would not have been necessary for M. Fleurens to refute his doctrine in the manner he has done.

M. Lisfranc, after some discussion on this point, attacked the author of the thesis for having spoken too lightly of trepanation as a surgical operation, which he says (p. 143) "presents no difficulty whatever."

There are few operations in surgery more easy or more simple, and without ignorance or awkwardness the surgeon can make no mistake of consequence." I do not (pursued M. Lisfranc) regard the application of the trepan as so simple or easy an operation as you here represent it to be. While I was employed in giving lessons in operative surgery I had frequent occasion to see the trepan applied by surgeons and physicians who came to me from the provinces, and the mistakes made were much more frequent and serious than you seem to think of : for example, I have more than once seen the dura mater opened.

M. VELPEAU.—I do not say that trepanning does not require some degree of dexterity, but I maintain that it is an easy, a very easy operation. You have here no long or laborious dissection, no very important points to avoid, no arteries to take up, &c. ; you have simply to divide a certain quantity of bone. As to the injury of the dura mater, a surgeon must indeed be very awkward to wound it ; besides, division of that membrane is not a very grave accident ; by no means to be compared with the division of a main artery or nerve, &c. in various operations on the extremities.

M. Lisfranc answered to this—in the short, caustic, almost contemptuous manner which he so often employs—I regard injury of the dura mater as a much more severe accident than you do. M. Lisfranc then referred to the uncertainty of opinion which characterized the thesis, and to some contradictions, even, which required to be rectified ; thus in one place, where fissure is spoken of, the author says, " if the fissure be large and the blood escape freely, trepanning may be deferred when the symptoms of compression are not very severe ; in opposite circumstances the trepan should be applied to the exclusion of all artificial separation ; " but in page 53, M. Velpeau distinguishes some cases of effusion in which the trepan is not absolutely necessary :—" Thus, when the fracture presents some slits gently separated from one another, the interval of the fragments may be increased for the moment, and the issue of the blood, if it still remain fluid, be favored." This, said M. Lisfranc, is a manifest contradiction ; in one place you say the trepan should be applied to the *exclusion* of all separation, and in a subsequent passage you recommend what you have before condemned ; the words are clear.

M. VELPEAU.—In the first passage I spoke of the *permanent* separation of fragments as practised by Giraud. In the second I refer to a *temporary* separation, which is quite a different thing, and say that when it is easy to separate the bones for a short time, it is better to do so than to trepan, but if it were necessary to keep the fissure open for several days, I regard it as a bad practice, and would sooner trepan.

M. Lisfranc again pointed out a contradiction. In page 244, you "trepan for all effusions, wherever situated and of whatever nature ; " while in page 246, you say the trepan is not indicated when the effusion of blood or pus is diffused. Now I should like to know how you distinguish or are able to tell whether an effusion of blood be diffused or circumscribed, whether pus be infiltrated or collected in an abscess. You may have an effusion covering half the hemisphere, or merely extending for six or eight lines in diameter ; here are two cases which we have no means of distinguishing by the symptoms, and in general the two species

of effusion are liable to be confounded by the best surgeons. I have myself seen many cases in which, were we to follow the symptoms given in books, you would have said the effusion was diffused, but on opening the body after death we found it perfectly circumscribed.

M. VELPEAU.—In circumscribed effusion you have certain local symptoms connected with the point of the brain which is the seat of the injury ; these are generally sufficient to show that the effusion is confined to a small space. When the fluid occupies a larger surface and is diffused, you have paralysis, &c. and all surgeons point out the difference between the two forms of effusion. With respect to the cases to which you have alluded, when a great part of a hemisphere is covered, the fluid is either laid on in a thick or a fine layer ; in the latter case there is no paralysis, no compression ; if the layer be thick, these symptoms of sudden compression are manifested ; this shows how we can distinguish certain forms of effusion. When the fluid occupies only half a hemisphere I regard it as circumscribed, though you do not.

M. Lisfranc did not consider any effusion circumscribed unless it was collected into an abscess (foyer) ; besides, he could not allow an effusion of fluid extending over half a hemisphere to be circumscribed.

Remarks of M. Berard and Replies of M. Velpeau.

The length to which we have already carried our report will permit us to give the remaining argumentations only very briefly indeed.

M. Berard began by asking the candidate what symptoms distinguished fractures with depression from sanguineous tumors under the scalp (*bosses sanguines*, we did not exactly catch the word) ; one requires the trepan, the other not ; he did not find them distinguished in the thesis.

M. Velpeau would ask in reply whether the speaker was unable to distinguish them by the symptoms detailed ; if not, let him state in what respect there was an omission or deficiency, and he should have an answer.

M. Berard, after some remarks on the application of the trepan in cases of depression, recurred to the objection already advanced by M. Lisfranc, on the diagnosis of circumscribed and diffused effusions, which he said M. Velpeau did not distinguish in his thesis sufficiently well.

M. Velpeau did not think he was bound to enter into these particularities, he had merely to treat the symptoms in a general manner ; if he had a patient before him, it would be a different thing ; then he might lay down the distinguishing symptoms.

M. Berard opposed to this that as he had entered into the symptomatology of compression, contusion, commotion, &c. of the brain, he should have equally spoken of the distinguishing symptoms of diffused and circumscribed effusions, particularly as the treatment with regard to the trepan was so different. Besides, said M. Berard, there is a marked indecision of opinion running through your whole thesis : at one page you say one thing ; a few pages further on you differ from yourself ; and if we read on we soon find an opinion quite opposite ; here is a proof :—in page 96 you say—“Contusion of the brain is a frequent complication of wounds of the head,” and you ask if the trepan may not be applied to

prevent the accident which follows it (*à titre de moyen preventif*) ; in page 114 you recommend the trepan for contusion, when announced by a certain set of symptoms, as dull pain, &c. ; and again, in page 245, you say, "we trepan in contusion of the brain, with symptoms of supuration or paralysis." Here are three different opinions ; first, the trepan to prevent accidents of contusion ; second, you trepan in all cases of contusion, on account of the accident itself ; third, you trepan in contusion only where there is paralysis or supuration.

M. VELPEAU.—In page 245 I spoke of contusion and the trepan in a general manner ; at page 114 I say we may ask whether the trepan be proper or not when certain symptoms of contusion, such as dull pain, a sense of pressure, &c. are felt.

We need report this debate no further. It yielded nothing more which possesses interest for the English reader. We have still, however, something to add which is necessary to render our record of the concours complete,—a record which is unique of its kind in our own language, and calculated, we believe, to yield much gratification, in the perusal, to the profession. We are enabled to conclude our notice this week, by announcing that after a doubtful contest between M. Velpeau, M. Blandin, and M. Sanson, the first was chosen definitively, and that

The nomination of M. Velpeau to the Chair of Clinical Surgery took place on Wednesday, August the 6th, at five o'clock in the afternoon, M. Velpeau having obtained seven votes, and M. Sanson five.

REMARKS ON FEVERS, WITH CASES.

BY JOSEPH COMSTOCK, M.D. OF LEBANON, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

[See page 128.]

ISOLATED cases of fever, and indeed of all other diseases, if they have no general bearing upon the healing art, and if they stand detached from principles, precepts and inferences which may be applied either to other cases or to the prevailing diathesis or epidemic constitution, are of little utility.

To illustrate this subject still further, I will briefly refer to a case which occurred whilst I was residing in the State of Rhode Island, and during the reign of typhous fever there, and which has never been published.

Mrs. C., a lady of distinction, became my patient, Dec. 1814, having been pronounced by her former physician in a state of confirmed hectic. She had night sweats, cough, expectoration, swelled ankles, and a pulse of 140 in a minute. This extreme quickness of pulse, strange as it may seem, was the only symptom which gave me any reason to hope that her hectic was not confirmed. My reasoning was, that this *extremely* quick pulse partook more of the reigning and all-controlling epidemic, than of consumption. She recovered, and in the autumn of the next year became pregnant ; and I have no doubt that the atmospheric cause, which in the village where she lived produced malignant typhus, converted her

hectic, and materially affected her recovery. It was with this point in view, that I first thought of introducing this case here. But the sequel and further notice of it being somewhat interesting, and also, as the writer thinks, throwing further light upon the subjects of this paper, a notice of it will be continued.

In April, 1816, the measles were in Mrs. C.'s family, which she never had, and which, although in the eighth month of her pregnancy, she could not nor did not attempt to avoid, the family being large and requiring her care. Since her pregnancy, she had suffered much from pain in the iliac regions, her general health not being fully confirmed. On the 21st of that month the writer was called in the evening, she being seized with a violent pain in *one tooth*, with nausea and *very high* fever. During the evening she threw up a quantity of dark green, almost black matter, from her stomach. The same night a reddish eruption appeared in her face, and no doubt now existed that her illness was an attack of measles. The next morning, however, the pain in the tooth and the eruption in her face had entirely subsided. Travail pains came on with vigor and celerity, taking the place of her fever and all other complaints. She was delivered the same forenoon of a dead child, having a breech presentation, six weeks prematurely. To add to the difficulties of an already critical case, a retained placenta was found to exist, with flooding, which for two hours made my situation distressing in the extreme. But at the end of this period, a slight pain aided in its extraction. Earlier than this I was unable, *manus in utero*, to bring it away without using such a degree of force as could not be justified. No symptom of measles ever again recurred, their action on the arterial system being overcome, as I think, by the pains of parturition, and their contagious nature, or assimilating quality, being expelled by the accompanying evacuations. Or however otherwise accounted for, or however unaccountable, nothing further of the measles ever occurred.

Various as the remote causes of fever may be, the *proximate* cause must be considered the same, and the removal of this as a removal of the malady. If the parturient evacuations are not considered sufficient, we have in the conclusion of this case *imposthume*. Mrs. C. continued for six days after her delivery nearly as comfortable as women usually are in similar circumstances. She was then seized with a bilious fever, which lasted five days, and then gave way under the evacuant treatment with calomel. But a new complaint succeeded. It was a troublesome pain, shifting, but every afternoon occupying some part of the hypogastric, or sacral, or pubic, or coxygic regions, with fever and difficulty of passing urine. Pulse 120 to 130. No chills, but partial sweats, about the head and face. On the 3rd of May a consultation was held with her former physician, a gentleman of respectable talents, who now adhered to his former opinion, viz. that Mrs. C. was in a confirmed consumption, although her cough and former phthisical symptoms were not present.

On the 8th of June, the harassing pain still continuing, mitigated only by opiates, a consultation was held with the first medical character then in the State, Pardon Bowen, M.D. of Providence. As she never had any difficulty of supporting herself on her feet, or walking, it could not be considered as a forming-psoas-abscess; but Dr. B., as well as myself,

thought it likely to end in an imposthume of some part within the hypogastrium. Our prognosis was not unfounded; twenty days after this consultation, and sixty-seven days after parturition, purulent matter appeared, issuing from the urethra, of a greenish color. And what is sufficiently remarkable, this purulent discharge, which continued for three weeks, was never mixed with the urine! The two evacuations, although from the same orifice, always flowed independently of each other. The idea of a valve, with its fastening or hinge upwards, on the inside of the bladder, which closed as the urine passed over it, and opened by the pressure of the purulent matter behind it, was the way in which I accounted for this at first unaccountable phenomenon. The reader, if not satisfied with this, must form a more plausible conjecture for himself. The difficulty of passing urine abated after the bursting of this abscess. Extravasation, with its appalling miseries, haunted my imagination, but it did not occur. Mrs. C. recovered of all her ills, slowly but permanently, and thirteen years afterwards had nothing of consumption.

Zimmerman, from Dr. Friend, gives the history of a case of fever, in which an abscess of the bladder took place, simulating stone. The patient died, an examination was made, and the seat of the abscess found between the neck of the bladder and rectum. Certain symptoms in my patient, which I fear making this article too long to detail, led me to form a decided opinion that this was the identical seat of the abscess in the case of Mrs. C.

LUNG FEVER. The term *lung fever* has not, to my knowledge, been adopted by any reputable writer. It is applied in popular language, of late, to almost all pneumonic and catarrhal affections with fever. I am decidedly against new names, when we have already too many old ones. But if the term must be retained, as it probably will be, it ought to be restricted within certain appropriate limits. There have been some cases of fever the present season with congested lungs, cough, expectoration sometimes streaked with blood, and difficult respiration, but without any pain about the thorax! This singular anomaly I could scarcely realize, because everything denoted acute pain in the chest. Such cases have sometimes proved fatal. If the term *lung fever* could be confined to such cases, its use would not seem unappropriated.

March 20th, 1835.

EFFECTS OF MASTURBATION, WITH CASES.

[Communicated for the Boston Medical and Surgical Journal.]

AVOIDING, as I intended, all consultation of authors on the diseases which follow Masturbation, I shall only detail cases that have come under my own observation, and remedies of which I have seen the good effects. I commenced by remarking that the symptoms attending the early indulgence of the habit can always be cured, if the practice be wholly discontinued. From the apprehension that the cause of these symptoms is often overlooked, by the best physicians, it is conceived that the history of the first impression of the habit upon health and intellect is of the

greatest importance. Whenever, therefore, a train of symptoms, such as was described in a former paper, takes place at a time of life most obnoxious to the injurious influences of masturbation, the cause not being apparent, the patient should be closely questioned as to this habit ; and but too often the whole mystery of cause, so long unknown to patient, parent and physician, will be developed.

A respectable young gentleman, of one of the learned professions, was out of health for a long period ; his head and eyes suffered exceedingly, and he was in a state little short of insanity. He placed himself under the care of one of the most eminent men in the metropolis, and followed his prescriptions a year, but without benefit. He then called upon another, who asked him whether he was addicted to masturbation, to which he answered in the affirmative. The advice given him was principally to abstain from the indulgence, and his health gradually improved, and is now re-established.

B. D., aged 20, had had ill health for a year or more ; he was pale, feeble, nervous—lost his resolution—had no appetite—took to his bed most of the time, and became dull, almost speechless, and wholly abstracted and melancholy. His brother was his physician ; but not ascertaining the cause of his symptoms, he gained no advantage over the disease, and the unhappy young man was constantly losing strength and flesh. After a while he came under the care of the writer. He was in the most miserable condition conceivable ; emaciated, feeble, pallid—had night sweats, diarrhoea, or costiveness, total loathing of all food ; his heart beat, his head was painful, and he felt no desire, and would make no effort, to live. Suspecting masturbation, I found, upon strict inquiry and watching, that my suspicions were well founded. I pointed out the danger of the practice, assured him that it was the cause of all his sufferings, and that he might be restored to usefulness and health again if he would strictly adhere to the course prescribed for him. He took bark and iron alternately for a long time, pursued a course of gentle exercise and invigorating diet, and gave up at once the vicious indulgence. After a long time he wholly recovered, and is now a healthy and valuable citizen.

P. W., aged 27, called for advice in the summer of 1834, having had ill health for some eighteen months or two years. He complained of confusion of the head and pain in the eyes, indigestion, palpitation of the heart, and difficulty of respiration. His sleep was disturbed, his temper irritable, and he felt dissatisfied with himself, and greatly inclined to gloom and melancholy. He complained of listlessness and indisposition to any bodily efforts, and of inability to fix his mind upon any subject, or give his attention to any business. His hands were cold, countenance pale and dejected, pulse frequent, and his whole system in a state of great irritation. It was ascertained that for two or three years he had been in the daily habit of masturbation. For eight or nine months last past, he has discontinued it ; he is, however, occasionally subject to nocturnal emission, which has thus far interfered with his recovery ; but he is better, and under the use of tonic remedies, exercise and generous diet, feels confident of recovery, having regained his spirits and appetite.

H. F., aged 20, was for a long time in the habit of masturbation. He was for years confined to the house, and much of the time to his bed. By long indulgence the habit had become irresistible, and the consequences truly deplorable. His mind was as fickle and capricious as that of an infant, and his health was wholly prostrated. For five or six years he was the most wretched being imaginable. Nocturnal pollution, spontaneous emission, and all the evils resulting from unrestrained indulgence, were presented in this truly unhappy young man. He had been apprised of the danger which the continued practice would bring upon him, and was sensible that all his trials had their origin in this vice; and yet the propensity had become so strong that he could not resist it, and if he did, the consequences had become such that little benefit was derived from his good resolution. In his intercourse with his friends he was covered with shame and confusion, and seemed to feel conscious that every individual that he met with knew, as well as himself, the height and the depth of his degradation. In this condition, in a fit of desperation, he attempted to emasculate himself, but succeeded in removing one testicle only. After he recovered from the dangerous wound which he inflicted, he began to get better, and after two years he recovered his health and spirits. He has since, at the age of 45, married a very clever woman, and they live in peace and harmony.

H. —, a young man 20 years of age, had been feeble and dejected for two years. He was pale, torpid, irresolute, and shamefaced in the extreme—so much so, that I could not catch his eye during a sitting of an hour. He complained of his head, of short breathing and palpitation of the heart, and of extreme debility. His extremities were cold and damp, his muscular system remarkably flabby, and his snail-like motions evinced great loss of muscular strength. His father, who accompanied the young man, said that he had consulted many physicians without benefit. The moment that he came into my room I was strongly impressed that he was the victim of this solitary vice. I questioned him some time without ascertaining the cause of disease. His father was wholly ignorant, and the physicians had not suspected it, or inquired concerning it. I requested a private interview—told him the danger of such habits, the importance of ascertaining the true cause of disease, and my suspicions that he was in this habit, and that if so, he would soon fall a victim to its influence. He then acknowledged that he was in the daily practice of masturbation, and had been for three years—that he often also had spontaneous emission, &c. He had never suspected that it had any influence upon his health.

The symptoms which follow masturbation, viz. nocturnal pollution and spontaneous emission, often continue after the victim of the vice is made sensible of the danger of voluntary indulgence. These require distinct and separate consideration. In some cases they become very obstinate; and in spite of every effort, continue to make such a waste of vital energies as to prevent a recovery of the health—and the new form of disease continuing, the same fatal results follow which take place from a continuance of the habit. The local irritability of the organs of generation often becomes so great, that the ordinary evacuations of the bowels and the bladder produce an emission; and even lascivious ideas,

riding on horseback, or other equally slight irritation, has the same effect. Such cases require the utmost care, to afford any chance of recovery.

In addition to the common remedies prescribed for the effects of inas-turbation—as bark, iron, silver, the cold bath and shower bath, &c. which are valuable remedies for this local, as well as for the general debility attending the habit—other remedies, of a more stimulating character, and that have a more direct local effect upon these organs, are also indicated. Of these, tincture of lytta, bals. copaiva, and nitrate of silver, may be named. The strong tinct. of lytta (made of pulv. lytta, 3 10. alcohol, lbj.) may be taken in doses of from 10 to 20 drops, increasing, so as to produce a slight irritation of the urethra, and continued in such doses as will keep up this effect without occasioning actual pain. The dose should be repeated three or four times a day, generally. The very best effects often result from the use of this remedy.

Balsam of copaiva, if the urethra is irritable, may be a valuable remedy. Nitrate of silver is also both useful as a general remedy, and as having some local action on these organs. From one to four grains may be taken daily, combined with a little opium, to prevent irritation of the stomach and bowels.

In leucorrhœa, which too frequently arises from this cause, these remedies promise much; and when prescribed in efficient doses, often effect a cure, whatever may have been the cause of the disease. It is not too much to say, that no one cause more frequently affects the health of females, and lays the foundation of fatal disease, than severe and long continued leucorrhœa; and yet, if attended to early, it is easily cured. It ought, however, even if slight, never to be neglected. W.

March, 1835.

WORCESTER INSANE HOSPITAL EXPENDITURES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your statement in relation to the expenses of the State Lunatic Hospital in Worcester, Mass. you made a natural mistake, which a second reading of the Treasurer's Report will show you. On page 18 of the Report the whole amount of payments is \$18,972 87—from which is to be deducted the sum of \$3,132 60, leaving the real expense of the Hospital for the year to be only \$15,840 27;—a difference worthy of notice in these days, when so many men measure the expediency of restoring the true image of God—the immortal *mind*—from the chaos of insanity, by the pittance of dollars which it may cost; who grudge the poor lunatic the faint glimmer of light dawning upon him, and would, to quote Peter Sibley's metaphor, take him from his "Heaven" and carry him back to the "Hell" whence he was taken. B.

March 26, 1835.

DESCRIPTION OF THE MUSEUM OF NATURAL HISTORY, IN FLORENCE.

BY W. TULLIDGE, OF FLORENCE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS magnificent establishment owes its origin to the illustrious family of the Medici, and particularly to the Grand Duke Leopold, who augmented considerably the collection, by a complete supply of chemical and mathematical instruments, a splendid assemblage of anatomical preparations, and a variety of other natural productions, from the animal, vegetable, and mineral regions of nature.

In the court of entrance to the Museum, there is an armillary sphere, of very large dimensions, constructed according to the Ptolemaic system, and a terrestrial globe; at the end of the second court is the chemical laboratory, and near to it a large saloon, which contains the fossils of Tuscany, and the microscopic shells described by Soldani.

On the first floor of the building there are eight apartments, which contain the different physical and mathematical instruments and apparatus, amongst which is preserved the telescope of Galileo, under which we read the following inscription.

*Tubum opticum vides Galileii inventum et opus, quo maculis
Solis, et extimos lunæ montes, et jovis satellites, et novam quasi
Rerum universitatem primus dispexit. A. D. 1609.*

Here are also preserved the thermometers and other instruments of the Academy del Cimento, and the slow furnace, which was used for the experiments of the same academy, and more recently by the late celebrated Sir Humphrey Davy, in the combustion of the diamond. In an apartment, near to this, are a great variety of skeletons of different animals. This apartment leads to the botanic garden, which belongs to the same establishment, and which is enriched with rare plants.

On the second floor are the anatomical preparations in wax, which are certainly the most beautiful, useful, and complete collection, of the kind, in the world; and the wonderful precision and accuracy with which these works are executed, excite the astonishment of anatomists.

It appears that the art of modelling anatomical structures in wax, was first done by Luigi Cigoli, and Gaetano Giulio Zumbo, a Sicilian, but the greatest part of the works, which enrich this museum, is by the hands of Clement Susini. The three first apartments contain the preparations of the muscular system, and organs of voluntary motion. The fourth apartment contains the preparations of the bony system, the teeth and their development. The fifth apartment contains the organic structures of the vascular system. The sixth apartment contains portions of various organized structures, which illustrate the intimate structure of the heart, the extreme vessels, the organs of sense, and those of the voice—the lymphatic vessels of the brain, of the face, neck, thorax and abdomen. In the seventh apartment there are two skeletons, designed to show the articulations of the joints and the ligaments. In the eighth apartment is a female preparation, which presents the whole interior of the body, in which may be studied the different organs, their form, color, connec-

tions and structure. The first apartment of the second wing of this part of the building, contains different portions of the human body, as those of the brain, showing by various sections its internal structure, also the organs of respiration and digestion. The tenth apartment contains other portions of the brain, spinal marrow, and nervous system, where may be observed the origin of the nerves, and the intimate structure of the organ of hearing. This apartment contains, also, an adult figure, which shows the complete system of the sub-cutaneous lymphatic vessels. In the eleventh apartment there is another adult figure, which shows the distribution of other lymphatic vessels, and also the origin of the cerebral and spinal nerves. In the twelfth apartment are seen the deep-seated lymphatic vessels of the head, the limbs, thorax, and abdomen. In the thirteenth apartment, there is an adult figure, which shows the principal divisions of the great venous trunks, with other preparations illustrative of the venous system. The fourteenth apartment contains two adult figures, one showing the great arterial trunks, and the other the whole of the arterial and venous systems, with divers other preparations of the nerves. The fifteenth apartment contains a variety of preparations relative to comparative anatomy, and another for the obstetric preparations, in which the different appearances of the gravid uterus, at different periods of gestation, are most accurately represented, as also the progressive organization of the embryo from the earliest stages of impregnation. This apartment alone would be sufficient to show the high degree of perfection the artist Susini had attained, in making models of anatomical preparations in wax. But no description can possibly convey any adequate idea of the great merit of the artist, the praise due to the celebrated Fontana who superintended and directed the formation and arrangement, and above all the great utility of such a school of anatomy, always open to the public, and affording such facilities to students as no other city can boast.

ZOOLOGY. In a gallery of great length, which succeeds to the apartments above described, are collected the various prepared specimens of Ornithology and Ichthyology. In a saloon contiguous thereto, are a choice collection of reptiles and fish, with preparations illustrative of comparative anatomy, preserved in spirit. In an apartment adjoining, there is a large collection of insects; this leads to other rooms, where are the crustacea, polypi, and zoophytes, with a cabinet of Conchology, the most complete and celebrated in Europe.

BOTANY. There are three large apartments which contain various vegetable productions, in flower and fruit, beautifully imitated in wax, with collections of every kind of vegetable seed, and specimens of the different woods in a polished state, as also an herbarium.

MINERALOGY. The collection of minerals is one of the richest to be found, in variety and selection; these are distributed in seven apartments, classed according to the system of Haüy. In the apartment which succeeds to these, are the organic fossils, and a series of fossil bones, brought from Vardano. Another apartment contains the dresses, arms, and utensils, of the inhabitants of the islands of the Pacific Ocean, and other uncivilized parts of the globe.

Finally, in the last apartment, are other very curious preparations in

wax, and amongst which an historical representation of the plague of Florence, and its destructive and devastating effects, corresponding to the graphic description of Boccaccio. This curious and inimitable specimen of workmanship, in wax, was executed by Gaetano Giulio Zumbo, a Sicilian, an artist employed by the Grand Duke Cosmo III.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 8, 1835.

MORE CASES OF SMALLPOX IN THE HOUSE OF CORRECTION.

NOTWITHSTANDING the most praiseworthy exertions of the physician of the House of Correction at South Boston, after the development of the first cases of smallpox, mentioned in this Journal two weeks ago, one of the officers and two more convicts have since contracted the disease, and consequently were promptly removed to the Quarantine Hospital.

From the manner in which the contagion has been propagated in the apartments of this prison, some adequate conception may be formed of its insidious character. It cannot be restrained by a barrier of stone walls, nor by any of those ingenious contrivances which theoretically might seem to oppose its fearful approaches. Nothing short of a thorough vaccination—and the operation should in every instance be conducted by a physician, who is alone able to decide upon its success—can ever protect a person, who is susceptible, from the destructive action of this terrible disorder, when once brought within the sphere of its influence. Although we have been constantly engaged in the arduous and perplexing duties of the only smallpox hospital in this region, for a period of ten years, and have therefore witnessed at various times, and under all kinds of heart-rending circumstances, all possible forms of smallpox, of both foreign and domestic origin, yet our only personal safety from the same series of sufferings, has been the kinepock inoculation—exhibited in a little white scar upon the arm—which was made by a careful practitioner thirty-three years ago. With this positive evidence of the value and importance of early vaccination, we are almost daily asked the question—by gentlemen of intelligence, too—if we really have implicit faith in vaccination! There is, in our opinion, no wearing out to it. When once properly performed, no repetition of the operation is necessary.

We cannot conscientiously leave the subject, without once more urging upon all parents, guardians of the public health, school committees, select men of towns, &c. &c. the absolute importance of obliging every child to be vaccinated, however obscurely it may be located. The excellent and humane determination of the Overseers of the Boston House of Correction should be followed at every State prison, penitentiary and asylum, in the United States—viz., that every individual placed there, shall be forthwith vaccinated, if it has not been already done: otherwise, there will at times be an outbreaking of this dreadful scourge, growing out of the free intercourse which European emigrants—the principal bearers of the malady—have with all sections of the country, and producing alarm and consternation in the community, wherever it appears.

Boston Medical Association.—A principal object of this society is to associate all the regular physicians for the mutual purposes of friendship, and the systematizing of professional business. Not far from one hundred members are registered in the books of the secretary. Whenever a medical gentleman commences practice in the city, and subscribes to the rules and regulations of the society, a notice is forthwith sent to all the members, announcing his admission. The secretary is supposed to exercise a discreet judgment in relation to the character of the applicant's credentials. The original design of the society has been most happily realized, in the cordial good feeling which has invariably been maintained among its members, for a long series of years. In all large towns, a similar institution would have a most beneficial influence, by counteracting the effect of those jarring interests which too often characterize the social relations of medical practitioners, where an ambition is manifested to rise to distinction by the downfall of a rival.

Medical Dispensary in Boston.—This valuable institution for the gratuitous relief of the poor, was instituted in October, 1796, and incorporated February 26th, 1801. The officers are elected, annually, on the second Thursday of October. There is a chairman, secretary, treasurer, twelve managers, one apothecary, two consulting physicians, and ten visiting physicians, arranged in districts. It has always been considered of so much consequence to a young practitioner to hold an appointment in the dispensary, as an introduction into business, that no compensation has ever been made for the arduous services he is obliged to render at all hours and under all circumstances.

Medical Charities.—Without one single ray of truth, it has been intimated that in all the benevolent operations of the day, which constitute, in fact, a characteristic of the present century, medical men are rarely recognized among the *givers*. Medical associations have not been greatly distinguished for their charities, to be sure, for the best of all reasons, viz. having nothing to give; but as a profession, no class of individuals are so bountiful to the poor, as physicians. Were the gratuitous visits they are called upon to make valued at a farthing each, the aggregate would in a few years amount to a generous sum. But it is unnecessary to multiply words to prove the benevolence of doctors. There is not a practitioner, in extensive practice, who has not given away more, at the requisition of the suffering poor, than he has ever collected from the rich.

Great Demand for Hygeian Pills.—Another well devised scheme has been instituted in England, for raising a demand for these farcical boluses, by presenting Webb (who was justly sentenced to six months imprisonment for administering these magic balls to a smallpox patient) with several costly pieces of plate. With this blustering, it is probable the market may improve, which has been in a really languishing condition of late. The gullible were quite satisfied, in this country, with losing their money; but the effect of this brilliant display of generosity will undoubtedly give considerable briskness to the trade, as soon as the story has been properly circulated by accredited agents. In this city, the hygeian pills are made by machinery, which we have seen in operation.

We hope those patriotic valetudinarians who kill themselves in trying to live, will not forget native talent—as we assure them the home manufactured pills are quite *as bad* as those of foreign importation.

Medical Intelligence from Liberia.—Dr. Ezekiel Skinner, of Conn. and Dr. Robert M'Dowell, a colored physician, from Scotland, who were sent to Liberia under the auspices of the Colonization Society, speak favorably of the climate, and of the possibility of lessening the mortality among the emigrants by medical skill. Dr. Skinner has no doubt that he has saved several lives by a decided use of the lancet. In one of his letters to the Board of Managers, he speaks of a good locality for a medical school. Five passengers of the *Argus*, on the voyage from the United States, died of the smallpox. In one of the doctor's letters, he says "it is a fact, that vastly more men than women are carried off by diseases of this climate, and more women than children—hence it arises that the colony has so large a number of orphan children. There are two women to one man." The principal physician's salary in 1834, was sixteen hundred dollars. Each settlement has an organized Board of Health, chosen by the people annually.

Anatomical Subjects.—Notwithstanding the liberal provisions made by law in Massachusetts, for the promotion of anatomical studies, there has been considerable complaint in this region, the past winter, of a want of subjects for carrying on the regular and indeed necessary demonstrations of the schools. An unusual degree of health in that class from whence the anatomist has drawn his supplies, in times past—owing to the skill of practitioners, the operation of the temperance reformation, and some other wholesome moral revolutions—has abridged, very considerably, this means of studying practical anatomy. Still, the statutes of the Commonwealth, touching violations of the sepulchre, have, we believe, in no single instance been violated. Those scenes which in the olden time were practised, in order to acquire a rudimental knowledge of the human frame, and which so outraged public feelings we trust will never again be repeated. The grave is sacred, and wo to him who dares transgress the solemn declarations of the law.

Preparations for a Foot Race.—Among other extra-professional advice in one of the New York papers, relative to the preparations which pedestrians should make with reference to contending for the prize of one thousand dollars, on the 24th of April, to be paid to the man who shall walk ten miles in an hour, it is said he should eat *stale bread*. There would be quite as much philosophy in recommending *putrid meat*. Verily, the world has become so learned in dietetics, that it has become necessary to observe as many rules in munching a baker's roll, as in measuring an arc of the meridian.

Woodstock, Vt. Clinical School.—A gentleman recently from Vermont, informs us that the lecture term commenced on the 12th of last month, under very encouraging auspices. About forty-five students were matriculated, at an early period of the course; but ere this, great accessions

have doubtless been made to the class. The professor of the anatomical chair not having arrived when our informant left, the demonstrations were conducted by Dr. Watts.

The spring course of lectures at the Castleton Medical Academy are now being delivered. It would oblige us if some person interested in the operations of that institution, would have the goodness to furnish the particulars.

Quarterly Meeting of the Boston Physicians.—On Wednesday evening last, the meeting was held at Dr. Jeffries, Franklin Street. The value of these social interviews must be apparent to all who have participated in them.

Smallpox.—This disease has entirely disappeared from Roxbury ; all the patients having recovered. Dr. Windship, who suffered severely, has returned to his own house, but will exhibit, most probably, to his dying day, the sad effects of the disease.

The smallpox is prevailing to an unusual extent in the city of Mobile. The authorities had found it necessary, at our latest advices, to prepare an asylum, in the suburbs, for the reception of patients.

A Medical Tea Party.—Sir Henry Hallford, President of the Royal College, gave a grand dinner and tea party on the 26th of January, preparatory to the periodical conversaciones at the College, which seems to have been excessively annoying to those who had no invitation. But that which contributed most to give eclat to this eating and drinking extraordinary in Curzon Street, where Sir Henry has an abiding place, was the fact that Arthur, the Duke of Wellington, and the Right Reverend Father, my lord, Archbishop of Canterbury—the worshipful Bishop of London, and the Lord High Chancellor of the Realm, were among the guests. Uproarious joy, when their names were announced, broke forth—and his grace, the duke, amidst deafening cheers, made a speech, so exceedingly complimentary to his host, that he thereupon attempted to express a deep sense of gratitude—but failing, it is said, for want of words, it ended in smoke—though the gourmands kept singing out most lustily—*hear, hear ;* but, lo ! there was nothing to hear.

Dental Neuralgia.—Extraction of the Tooth.—Replacement and Conso-
lidation —M. Proch, seventeen years of age, being affected with violent toothache during eight days, requested the author to extract the tooth ; having already had experience of the efficacy of the means which he proposed to employ, M. Cabanes extracted the tooth, and finding the alveolar cavity sound, immediately replaced it. As the vasculo-nervous pedicle, which enters the root of the tooth, was destroyed, there was no more pain ; the alveolar cavity contracted round the tooth, and fixed it so firmly, that ten months afterwards it was as useful as any of the other teeth.

The editor of the journal says, he has two ladies at Paris amongst his patients, on whom M. Pernet performed the same operation. The teeth were as solidly fixed in the head, as if they had never been touched.

London Lancet.

Record of Meteorological Observations for March, 1835.

1835 March	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Sun. 1	4.00	22.00	13.33	30.15	30.28	30.215	Cumuli	S		
Mon. 2	4.00	24.50	14.25	30.28	30.28	30.280	Cirrus	S W		
Tues. 3	12.50	24.00	14.25	30.24	30.28	30.260	Cir cumulus	N W		Ther. 8° 50 at 9h a.
Wed. 4	5.50	24.00	16.75	30.30	30.55	30.425	Cumuli	"		
Thur. 5	9.00	33.00	21.00	30.45	30.55	30.500	Fair	S W		
Frid. 6	14.00	27.00	21.50	30.25	30.45	30.350	"	"		
Satur. 7	22.00	35.00	29.00	29.95	30.25	30.100	Cir. c. strat.	N E	.20	Snow and rain, a. 3m.
Sun. 8	29.50	33.00	31.00	29.85	30.08	29.965	"	"	.10	N W, a.
Mon. 9	29.00	30.00	29.50	30.10	30.15	30.125	"	"	.10	Snow, a. Th. 26° at 9h a.
Tues. 10	28.00	34.00	31.00	29.55	30.02	29.785	"	"	.40	Snow, a storm
Wed. 11	28.50	43.00	35.75	29.75	30.09	29.875	Cumuli	N W		S W, m.
Thur. 12	26.00	47.50	36.75	30.05	30.09	30.070	"	S W		
Frid. 13	33.00	48.50	40.75	29.65	29.48	29.565	Cumulus	N W		S W, m.
Satur. 14	31.00	46.00	38.50	29.80	29.88	29.840	Cumuli	"		● a.
Sun. 15	34.00	50.50	42.25	29.74	29.80	29.770	"	S W	.05	Rain, m.
Mon. 16	38.00	53.50	45.75	29.45	29.64	29.545	Cir. c. strat.	"	.10	Nimbus, m. [at 9h a.
Tues. 17	37.00	45.00	34.00	29.44	29.95	29.695	"	N W	.10	Rain & S W, m. Th. 23°
Wed. 18	13.50	31.50	22.50	30.29	30.25	30.225	Cirri	"		N E, a. [a. A gale
Thur. 19	25.00	39.00	32.00	29.12	29.65	29.385	Cir. c. strat.	N E	.55	Rain & snow, m. NW,
Frid. 20	31.00	45.00	37.50	29.85	30.00	29.920	Cumuli	S W		NW, a. c m.
Satur. 21	37.00	55.00	46.00	29.75	29.95	29.850	Cumulus	"		Storm of snow and rain.
Sun. 22	27.00	32.00	29.50	29.10	29.80	29.475	Cir. c. strat.	N E	.75	[Thunder & lightning
Mon. 23	21.00	32.50	26.25	29.29	29.99	29.550	Cumuli	N W		
Tues. 24	21.00	34.00	29.50	30.05	30.15	30.100	"	"		
Wed. 25	23.00	33.00	28.50	30.42	30.60	30.510	Cirrus	"		
Thur. 26	25.00	47.00	36.00	30.35	30.60	30.475	Cir. c. strat.	S		
Frid. 27	36.00	48.00	42.00	29.75	30.35	30.050	"	S W	.25	Rain, Stratus, a.
Satur. 28	36.50	54.00	45.25	29.68	29.75	29.765	Cumulus	"		Stratus and S, m. O a.
Sun. 29	35.00	32.50	33.50	29.80	29.83	29.815	Cir. c. strat.	N E		Ther. 32° at 9h a.
Mon. 30	29.50	34.00	31.75	29.45	29.60	29.525	"	N W	.25	NE, m. Snow and rain,
Tues. 31	35.00	45.00	40.00	29.45	29.60	29.525	"	"	.05	Rain, a. [stormy
Aggreg.	24.98	38.32	31.362	29.83	30.06	29.9535	Cir. c. strat.	N W	2.80	

RESULT.—Mean temperature, 31.362. Maximum, 21st, wind SW, 55.00. Minimum, 1st and 2d, wind S and SW, 4.00. Greatest daily variation, 5th, wind SW, 24.00. Least daily variation, 9th, wind NE, 1.00. Range of thermometer for the month, 51.00. Increase of mean temperature from Feb. 8.182. Prevailing atmosphere, cirro-cumulo-stratus (cloudy). Prevailing wind, NW.—Mean atmospheric pressure, 29.9535. Maximum, 25th and 26th, wind NW and S, 30.60. Minimum, 22d, wind NE, 29.10. Greatest daily variation, 22d and 23d, wind NE and NW, 0.70. Least daily variation, 2d, wind NE, 0.00. Range of barometer, 1.50. Decrease of atmospheric pressure from February, 00.0643. Rain, &c. 2.80 inches.

Comparative with March, 1834.—Mean temperature, 36.346. Maximum, 65.00. Minimum, 19.00. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0709. Maximum, 30.60. Minimum, 29.50. Rain, 0.94 inches. Prevailing wind, SW.

Fort Independence, Boston, April 1, 1835.

B.

DIED.—In New Orleans, Dr. M. Hubbard, of Lexington, Ga. aged 30.—In Buxton, Me. Dr. Royal Brewster, 65.—In Sutton, Ms. Dr. Nathaniel F. Morse, 84.

Whole number of deaths in Boston for the week ending April 3, 24. Males, 13—Females, 11.

Of lung fever, 3—hooping cough, 1—infantile, 2—inflammation on the lungs, 1—inflammation of the head, 1—interperance, 3—decline, 2—scrofula, 1—consumption, 3—inflammation on the brain, 1—liver complaint, 1—dropsy on the brain, 1—accidental, 1.

ADVERTISEMENTS.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—involving one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully ob.

Boston supply that which is positively genuine and recently taken.

on, March 4, 1834.

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